MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 09415
1. PLACE OF DEATH , dr. dr.	er.
county//leconney	Registration Disk No. 333
Village or City Salus Muy MC	No. 700 6. Church St., 5 Ward
/ 13.	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. il of foreign birth? yrs. mos. ds.
2. FULL NAME Julia G. agrey	
(a) Residence: No. 700 E. Church st. Sahe	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAPE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
lemale the other officers with the work	Leyy. 29 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY, That & attanded deceased from
maring	Sept 29 1938 to Select 29 1933
6. DATE OF BIRTH (month, day, and year) OUT. 3 and 1852	1 last saw h alive on Joll 25 1953; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, a 10.3 of m.
Q1 // 9 / 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
00 // 20 ormin,	were as follows: Date of onset
8. Trado, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Jume minshed suffered
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years)	***************************************
this occupation (month and / 30 spant in this year) occupation	
HMP - to-C	Other Coutributory Causes of Importanca: / slewman
12. BIRTHPLACE (city or town)	
(State or country)	oldin
13. NAME Stilliamy C. Mitchell	
14. BIRTHPLACE (city or town) Ankenow	Nama of operation Date of
(State or country) Known	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Ellen Carry.	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Sussify Cy.	Accident, suicida, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Her March 6 Lelans	(Specify city or town, county and State)
17. INFORMANT (Address) 4/1. Martin St. Jakusty M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAN CREMATION OR REMOVALO MAN HELL	Manner of injury
place L. Junea um . / Date m. Olf 62, 1933	Nature of Injury
Hollowart le	2.0
19. UNDERTAKER	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) Jabety Mg	If so, specify
20. FILED DET 2, 19, 33 & May Junes	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

MARGIN RESERVED FOR BINDING	. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be expectably supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	italic See ilistiactoris of back of certificate.
S. No. 1 MARG	mation should be exceptly supplied CAUSE OF DEATH in plain terms	TION IS VELY Importante nee man

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-9
County Meonico,	Registration Dist. No. 330
Village or City Near Mardela	No. St. Wal
Length of residence in ty or town where death occurred 20 yrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
4 19	Tr
2. FULL NAME James J. / Ven	ney
(a) Residence: No./	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR/RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sept 23 , 193 3.
5a. If married, widowed, or divorced HUSBANO of	(Menth) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
me 18 des	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Mek. 18, 1889	I last saw h alive on, 19; death is se
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
44 6 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, protéssion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Doop dend to
SAWYER, BDOKKEEPER, etc.	hunt Truble of
work was done, as SILK MILL, SAW MILL, BANK, etc.	Enquest not helt,
U 10. Data deceased last worked at II. Total time (years)	
o this occupation (month and spent in this occupation	
TO DIDTUOT AND ASSAULT	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or counter)	
13. NAME Chenery 1. Dennel	
E	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
E CONTRACTOR OF THE CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or company)	Accident, suicide, or homicide?
No 16 10 00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mardela Date Sept 25-1933	
3/ 1-1-10	
19. UNDERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceased?
(number 1 20 1 20 1 1 100 100 100	If so, specify Walter to Many Carmen
20. FILED NOW 23, 1925 AM Clambour	(Signed) Mallet A. Marry Corporer M.
If more plants are model address State Reviewer	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
wy more blanks are necucu, address state Registrar,	2411 14. Chanes Succes, Dallimore, Requesting V. S. IVO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

mation should be

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Wicomico	Registration Dist. No. 333
Village or City Renemally Feneral Hos	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Mon Blades.	
(a) Residence: No. Sandar Hill Mid (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Famale Across Across	21. DATE OF DEATH September 19 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of flagel Gr. Blades	22. I HEREBY CERTIFY, That I attended decessed from Sexternlew 19, 1933, to Sexternlew 19, 1933
6. DATE OF BIRTH (month, day, and year)	I lest saw han alive on Sentember 19, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Am.
44 0 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, ASSEMBLE, BOOKKEEPER, etc.	Allor Caremina
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et Mov 11. Total time (yeers)	Sumary salemanal of trans
10. Date deceased last worked et Nov- this occupetion (month end 1932 spent in this occupetion)	7.0
12. BIRTHPLACE (city or town) Same set Ceauty	Other Contributory Causes of importance:
(State or country) Marylands	<i>UU</i>
ii 13. NAME Nooledenson	
13. NAME 10 11 11 11 11 11 11 11 11 11 11 11 11	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME les gines / Balland 16. BIRTHPLACE (city or town) & ornerset les.	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town & or verset leo;	Accident, suicide, or homicide? Date of Injury, 19
(State or country) nearyland	Where did injury occur?
17. INFORMANT ligil a. / glades (Address) (Address) Till Mid	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LEVEL 1	Manner of Injury
Place 1 - 1938	Nature of injury
19. UNDERTAKER PLANTON PStruceson	24. Was disease or injury in any way related to occupation of deceased? 200
Jan 19 32	(Signed) M.D.
20. FILEO Mens 1, 1900 May May Megistrar.	(Address) Autota 2011
If more blanks are needed, address State Registrar	243 N. Charles Street Religions Promotion (T.) C. N.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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BUERAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY,

1. PLACE OF DEATH	
County Will much	Registration Dist. No. 33.2
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) as. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME William A. Brans	St., Ward,
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spring the word) That	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Angle Brand	22. I HEREBY CERTIFY. That I attended deceased from 9, 1933 to 24 9, 1933
7. AGE Years Months Days If LESS than I day,hrs. ormin.	I last saw h aliva on 1.5. death is said to have occurred on the date stated above, at 1.45.0 pt.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onaet
8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and specific profession).	Pneumonia
year) occupetion 23 4	Other Contributory Causes of Importance: Tracting
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	of felling result
4. BIRTHPLACE (city or town)	Nand of opalation Date of
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mit Line Sund Compate Sept 121/193	Manner of Injury
19. UNDERTAKER MAN WASHINGTON WALTER 20. FILED Self [1], 19.33 P. Woolford Walter	24. Was diseasa or injury In any way related to occupation of dacaased? If so, specify (Signad) Della Sulfs M. D.
Registrar.	(Address) huslioke ha

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Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.--

X		HYSI- Exact
	RECORD	ated EXACTLY, Poperly classified.
R BINDING	A PERMA	CE should be stand that it may be principle of
SIN RESERVED FOR BINDING	ADING INKTHIS IS A PERMA RECORD	be carefully supplied ACE should be stated EXACTLY, PHYSI-ATH in plain terms so that it may be properly classified. Exact management See instructions on back of certificate.
N	ADIN	ATH I

PLACE OF DEATH County W & Wile.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sales Granny Md. V	Registration Dist. No. Registration Dist. No. (If double occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Q 24 , 19:83
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192 3 to 9 24 , 192 3 that I last saw h is alive on 9 - 24 , 192 3
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs. ds. or	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	decidentally fell, from a lord fell le of hay en Question) yes the clile de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) View mos 2 ds.
10 NAME OF FATHER WOLLDWAY OF FATHER	(Signed) M. D. *State the Disease Causing Death, or, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER OF FATHER (State or country)	Violent Causes, state (1) Means of Injury and (2) whether Accidental Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yis mos. ds. In the State ds. Where was disease contracted.
(Informant)	Former or usual residence usual residence
(Address) Stockton prd.	Stranger Sylven Solven
Filed Sept 26 1933 V- May June	· Charle Gallotile
If more blanks are needed, address State Registrat	r, 16 W. Saratogh St., Balto., Requesting V. S. No. 1 Church.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return" Laborer, ""Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Ciril engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Duy For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (6) Grocery;

Ease Causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic eerebrosinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorthage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmoumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcona, approved by (Recommendations on statement of cause of death curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by radway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature etc. affection valvular heart The contributory " "Convulsions, need not be Mensles; disease; et.c., ot

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

09421

STATE OF MARYLAND	CERTIFICATE OF DEATH 09421
EATH, Or. Buc	92.0
mes,	Registration Dist. No. 333
1.1.1 on1	PM H
Electury 1919	No. 1170-1-1 St., 9 Ward
./	death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where death occurred yrs, mos.	
reliting Ind. RD-#/	St., 9 Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A	
S. S. S. S. S. E. M. M. RIED, WIDOWED, OR OWNER (1971) the word)	21. DATE OF DEATH Sept. 27, 1933 (Year)
melm &	22. HEREBY CERTIFY that allended deceesed from
97 ~	19 3 3 10 2 1 19 33
n, day, and yeer) ruly 2 / 1853	
Months Days If LESS than	to have occurred on the date stated above, and 300 cm.
) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
	were es follows:
or particuler one, as SPINNER, KKEPER, etc.	Umm Mordan
es in which , es SILK MILL, NK, etc	Mast Assiane
t worked at 11. Total time (years)	17 WW F
(month end spant in this	
occupation	Other Coutributory Causes of Importance:
Rockenfle	Cities destruction of importances
m	
0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
un cheade	***************************************
or town)	Name of operation Date of
(ry) ma-	
un le .	What test confirmed diagnosis? Was there an eu'opsy?
Myours	23. If death was due to external causes (VIOLENCE) fill in also the following:
or town) Kufe	Accident, suicide, or homicide? Date of injury, 19
try)	Where did injury occur?
0. 12 9Lando.	(Specify city or town, county and State)
a Dallo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
why My KU- F To	
OR REMOVAL	Manner of injury
ns Clan. Data Legy 28, 1933	Nature of injury
10 .01	Moture of injury
loway + G.	24. Was disease or injury in environment of deceased?
hiting many land	If so, specify
0 22 120	(Signed) M. D.
1, 1933 V. Maray Jumes	
Registrar.	(Address / Weber / VI)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

20. FILED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
(Fallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be

supplied.

mation should be carefully

B.—WRITE PLAINLY

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

OCCUPA-

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Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of

certificate.

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·	U	T	4	4

1. PLACE OF DEATH		(146)	110
County Manues		Registration Dist. No.	333
Village or City Salish	,)	No Ten yen Cospital s	t., 13 Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of stree	
1	occurred yrs.	now long in 0.5.11 of long in bitting	
2. FULL NAME GROW	Chit aves		
(a) Residence: No Junstit	(Usual place of abode)	St., Ward. If nonresident give city or tow	n and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR, OR RACE 5. S	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Ternale While	Manuel (write the word)	(Month) (Day)	(Yeer)
Se. If merried, widowed, or divorced HUSBAND of	λ ,		
(or) WIFE of Clyde W. L	tavis	22. HEREBY CERTIFY, That lett	ended deceesed from
1 Ot	1. 2 1008	1 lest saw h A alive on 19	deeth is sald
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Devs If LESS then	to heve occurred on the dete steted above, et 3/5 m.	, 00000 13 3010
3.4 11	27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
8. Trede, profession, or particular	/ ormin.	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	usewife	Clary seis 3 Therporal in	9/31/45
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and		origin Couls	
SAW MILL, BANK, etc	11. Totel time (yeers) /	1	
this occupetion (month and yeer)	spant in this occupetion	2	
2		Other Coatributory Causes of Importence:	77
12. BIRTHPLACE (city or town) (Stete or country)	D n 1 . 1		
13. NAME William F	? Hall	0 4	
14. BIRTHPLACE (city or town)		Name of operation Del	te of
(Stete or country)	1		re an eutopsy
15. MAIDEN NAME Annue	Melson	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the fo	llowing:
15. MAIDEN NAME (LINILL) 16. BIRTHPLACE (city or town))	Accident, suicide, or homicide? Dete of injury	, 19
Stete or country)		Where did injury occur?	16
17. INFORMANT ASSISSED LA	alex	(Specify city or town, county a Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBL	
(Address) Pittswille	, md.	(
18. BURIAL, CREMATION, OR REMOVAL	Bot 2 .23	Menner of Injury	
Piece Strong D	ere. (1/2, 190)	Neture of Injury	
19. UNDERTAKER Ma. Hasha C	Jackens	24. Wes diseese or injury in eny way releted to occupetion of decees	ed? 87.
(Address)	The state of the s	If so, specify	,
20. FILED OCT 2, 1933 U V.	May June.	(Signed) (Address) Add Delina	M.D.
If more blank	#	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

inf	st	D.	
Jo	ld	CC	
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IS	pe	pe	Jo
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PL	lno	1	ery
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II	on	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF	TION is very important. See instructions on back of certificate.
WR	ati	AL	10
1	mation should be greefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	C	I
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf			
ż			

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
1. PLACE OF DEATH County linguistion Dist. No.	222
County Llucy Registration Dist. No.	000
Village or City Salisbury No. Hem. Stew Hospital (If death occurred in a horpital or institution, give its NAME instead of	_St.,/3Ward
Length of residence in city or team where teath occurredyrsds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME (But) Sleve Days)	
(a) Residence: No. Littsville, M.A. St., Ward.	
(Usual place of abode) . If nonresident give eity or	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	1 22
Temale While single (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (co) WIES of	attanded decreased from
(or) WIFE of	9 1955
6. DATE OF BIRTH (month, day, and year) Sept 30, 1933 I fast saw he alive on 9/3	, 19_5.3 death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, atm.	
O l day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Import were as follows:	1
8. Trada, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, atc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) this pecupation (month) and	
11. Total time (years) this occupation (month and spant in this	
year) Other Contributory Canses of importance;	
12. BIRTHPLACE (city or town) Salesbury	
(State or country)	
13. NAME Light Davis	
14. BIRTHPLACE (city or town) Thaley will Name of operation.	Data of
What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the	following:
E COLL COLL COLL COLL COLL COLL COLL COL	ry, 19
Where did injury occur? (Specify city or town, count	ty and State)
17. INFORMANT (Address) Specify whather injury occurred in INDUSTRY, in HOME, or in P	UBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Lewis & The Date Ollis 1933 Natura of Injury	Λ
19. UNDERTAKER M. Pash a Claison 24. Was disease or injury in any way releted to occupation of dec	eased?
(Address) I le Ville Ol. If so, specify	
20. FILED Oct 2 19 330 V. May humer (Signed) 1/1/12	
Registrar. (Addrass) Salisfury.	MB.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones g'	May 1,1923	Gastroenteritis	1 year

AD	DITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
-	1.							
								_

12. BIRTHPLACE (city or town) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town

18. BURIAL, CREMATION, OR REMOVAL

(Stete or country

17. INFORMANT (Address)

19. UNDERTAKER (Address) 20. FILED Registrar.

What test confirmed diegnosis?. Wes there an autopsy?_____ 23. If death wes due to external ceuses (VIOLENCE) fill in elso the following: (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

24. Wes diseese or injury in any wey releted to occupetion of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
MUDITIONAL	DI MODELLON	T. O'SOT ITTIES	DISTITUTEDATE	21 4	T IL Y WI CITTY

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	1.	210-m
County / sloppile, a		Registration Dist. No. 333
Village or City Salistary Md-		No B- Hospila St 13 Ward
	(If d	death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos	ds. How long In U.S. if of foreign birth?wrsmosds.
2. FULL NAME / IT aland b.	Dody	Ley .
(a) Residence: No.521. D. D. Mission st.	Salin	13 Ward.
(Usual place of abode)		If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULAI	-	MEDICAL CERTIFICATE OF DEATH
4. OLOW OR BACE 5. SINGLE, MARRIED, WILL BE SINGLE, MARRIED, WILL BE SINGLE, MARRIED, WILL BE SINGLE, WILL BE SINGLE, WILL BE SINGLE, WILL BE SINGLE, MARRIED, WILL BE SINGLE, WIL	be word)	21. DATE OF DEATH
mare manes		(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, Ital i attended deceased from
anny M. Dody	7.	141 12 133 to 12111 193
6. DATE OF BIRTH (month, day, and year) ruly 9. /18	186	Mast saw h 25 alive on 11, 19 ; death is said
	SS than	to have occurred on the date stated above, at 3.12-m.
	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER		Frankiel H arnest 5/19/5
SAWYER, BOOKKEEPER, etc.	w	sertungs,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Hemistay en spend 9/12/4
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased tast worled at this occupation for many than any spant in this	(3)	and 1
this occupation mith and spant in this occupation		
Rear Salatan		Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)		
13. NAME - J. Bodfred		- file
E Hey latt		and the same of th
14. BIRTHPLACE (tily or town)	7	Name of operation
E 15. MAIOEN NAME Maria Factors	-	What test confirmed diagnosis? [[] Was there an au'opsy? [] Was there an au'opsy? []
16/1	1	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury
16. BIRTHPLACE (city or town)		Where did injury occur? I then the Musel, talish he
17. INFORMANT Me N. B. Body	0	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 52/. A. Dr. St. Jaketer	1/11/	
18. BURIAL, CREMATION, OF BEMOVAL	10 11	Manner of Injury lash academy
Place Place Place	7,1933	Nature of Injury
19, UNDERTAKER Holloway & Co.		24. Was disease or injury in any way related to occupation of deceased?
(Address) Daluty Ma.		If so, specify
100 FUED Sept 19.032 (200 00)	nes	(Signed) M. D. Mach M. D.
20. FILED 22 17, 19 10 17	Registrar.	(Address) - Melestes had

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE C	OF MARYLAND-	CERTIFICATE OF DEATH 09426)
1. PLACE OF DEATH	1.	19	
County / Regression	Jan Barrey	Registration Dist. No. 333	
Village or City Wharp	inn .	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)	1
Length of residence in city of town where		ds. How long in U.S. if of foreign birth?	
2. FULL NAME	to hilling		
	v 6 aggree		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	-
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	100
SEX 4. COLOR OF RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept /7 , 1937	-
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. (Month) (Day) (Year) 22. HEREBY CERTIFY That I attended deceased from	
. DATE OF BIRTH (month, day, and year)	nch 8-1933	I last say h was alive on seff 1, 1933; death is sain	
. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and selected causes of Importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	, Vianailli.	Teute dastrocuterder 914,39	No.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this		g- g-

OCCUPATION 12. BIRTHPLACE (city or town)

FATHER (Stata or country) MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town)

14. BIRTHPLACE (city or town)

(Address) 18. BURIAL, CREMATA

19. UNDERTAKER (Address)

17. INFORMANT

20, FILED.

Registrar.

Name of operation. What test confirmed diagnosis?_____ Was there an au'opsy?.

Other Contributory Causes of importanca:

23. If death was due to external causas (VIOLENCE) fill in also the following Accidant, suicida, or homicide?...

Where did injury occur? ____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

V. S. No. 1

should state item of infor-

PHYSICIANS ECORD. Every

stated EXACTLY IS A PERMANENT

properly classified.

certificate.

Jo

See instructions on back

MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS

AGE should

supplied. plain terms,

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-WRITE PLAINLY,

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CAUSE OF DE

so that it may

OCCUPA-

Jo

Exact statement

m 11

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

	220			
No.	33			
St., cad of street and n	5 Ward			
_yrsmo	sds.			
ily or town and	State			
DEATH				
5	3			
(Oay)	193.3. (Year)			
nat 1 attended o	eceased from			
hat 1 attended d	19.3.3			
	; death is said			
.m.				
mportance	Oate of onset			
ere.				
	ahr			
	1933			
wa.	lung			
ya -	1938			
Date of				
. Was there an au				
iso the following:				
of injury				
, county and State) or in PUBLIC PLACE.				
THE OBEID TEN	oc.			
100	<u> </u>			
of deceased?				
-	M. 0.			
	- Lance ()			

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	146
County Waconico	Registration Dist. No. 333
Village or City Salis bury	No. Serv Serv Massilal St., B Ward death/occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edith Hastings	
(a) Residence: No. M. Merran M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Nearried.	21. DATE OF DEATH (Day) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dosey I Lastures	22/ LHEREBY CERTIFY that I attended deceased from
6. DATE OF BIRTH (month, day, end year) not known 1910	Hast saw her alive on feet 1 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
2.3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8 Trade profession or particular	Clampies Ida
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupetion (month and yoar) 11. Total time (years) spant in this occupetion	
12. BIRTHPLACE (city or town) maryland. (State or country)	Other Contributory Canses of Importance:
14. BIRTHPLACE (city or town)	Name of operation. Charges and Date of 8/39/27
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Que Hirshing 16. BIRTHPLACE (city or town) West Virguing (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mr. Yestor Dingees.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Sellin, Mg.	Manner of injury
Place Ever green (Mate Perf. 3, 1933	Nature of Injury.
19. UNDERTAKER J. W. Berberg. (Address) Orthur Mil	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED Sept 1, 1633 D. May Trumer Registrar.	(Signed) All M.D. (Address) Seelesty Seed

00400

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
FADING INK-THIS IS A PERMAN	lied. AGE should be stated EXAC	ms, so that it may be properly classi	structions on back of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully suppl	CAUSE OF DEATH in plain tern	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09429
1. PLACE OF DEATH	(146)
county Megconiesco	Registration Dist. No. 333
Village or City Salesbury	No. St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Lava D. Henry	dusor
(a) Residence: No. Presurohe City, Vi	Mg-St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OF RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Thereof the married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
12-1891	Meps 19 30 to Dept 76, 193
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3/50,m.
37 18 14 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of other
9 Industry or business in which	4/
work was done, as SILK MILL SAW MILL, BANK, etc.	Halmoronage from
O 10. Date deceased last worked at 11. Total time (years) this occupation (month end 33 spant in this occupation.	Misus , Gregnancy
12. BIRTHPLACE (city or town) accomacles,	Other Contributory Causes of Importance:
(State or country)	Krights
13. NAME (longa), Byrds 14. BIRTHPLACE (city or town) Constant Con,	<u> </u>
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Illha CBI pawas there an au'opsy? MD
E Cara Financia	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Mareness	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cours le cery Med,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL etay	Manner of injury
Place The agree to Centry Date Let 1 8 -, 1933	Nature of injury
19. UNDERTAKER OF SILOTUPE COLLEGE	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Sept 26, 1933 J. Tray Junes Registrar.	(Signed) (Signed) (Address) Salas Saury M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENDER TO MAKE	OI ALCE	T. OTF	I Ultilities	DIAMETRICAL	DI	THE STUDY

2

18. BURIAL, CREMATION OR REMOVE

19. UNDERTAKER

STATE OF MARYLAND—CERTIFICATE OF DEATH 09430

	Registration Dist. No. 1333
/	Noteria Seu Hosketal Brand
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
rsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
ide	isni
ity, m	A. St., Ward.
ode)//	If nonresident give city or town and State
LARS	MEDICAL CERTIFICATE OF DEATH
, WIDOWED,	21. DATE OF DEATH
ele.	(Month) (Day) (Year)
	22. A HEREBY CERTIFY, That Lattended deceased from
	22. HEREBY CERTIFY. That Lattended deceased from
-1953	liast saw h A alive on Aukt \$6 ,193 5 death is said
If LESS than	to have occurred on the date stated above, at 37-10m. 2 days
day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance use to the series as follows:
	Data of onset ,
	hom seed
	Hacuthage from
years)	Art Art Arthurson
this ———	/ Mary Jan
-	Other Contributory Causes of importance:
rud	CAA ALA
n	
lea	Name of operation Date of
rend	What test confirmed diagnosis? Was there an au'opsy?
rd	23. If death was due to external causes (VIOLENCE) fill in also the following:
Reo.	Accident, suicide, or homicide? Date of injury, 19
ua	Where did injury occur?
ne 1	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
nd	
28 -	Manner of injury
40, 19.3.5	Nature of injury
en	24. Was disease or injury in any way related to occupation of deceased?
med.	If so, specify
urner	(Signed) (Si
Registrar.	(Address) (2) A de la de la

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1 day.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
JORDAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE O	F MARYLAND-	CERTIFICATE OF DEATH	00101
1. PLACE OF DEATH	,	(46)	03491
County Wicomi	CV.	Registration Dist. No.	1333
Village or City Mean	Eden	NoSt.,	Ward
Length of residence in city or town where de	eath occurred 2 0 yrs mos	death occurred in a horpital or institution, give its NAME instead of street a	nd number) mosds.
2. FULL NAME Comm	a Jones		
(a) Residence: No. Eden	1H 1-2	St.,Ward.	
DEDCOMM. AND COMME	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	<u> </u>
Fernale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Sept. (Month) 23 8 P.	M., 193.3(Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	L. lines	22. HEREBY CERT FY That Latters	led deceased from
6. DATE OF BIRTH (month, day, and year)		1 become he stive on RelW 2 2 103	3: death is seld
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	. 72; death is seld
about 6/4ea	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence	
8 Trade profession or particular	11	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	touservife	(1 1 1 1 1	6/ /
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		Cleule Valy Heat.	1/27/3
- I I I I I I I I I I I I I I I I I I I	11. Total time (years) spant in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	ruly		1/_//
(Stete or country)	o f ma.	Dannon J fury	17013
13. NAME Juseph	ausey.		
14. BIRTHPLACE (city or town)/_/ (State or country)	rinity	Name of operation Date of	
	al fina.	What test confirmed diegnosis? Was there a	
I WANG	coversion.	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
Stete or country)	ent Ulmon	Accident, suicide, or homicide? Date of injury	
17. INFORMANT Samuel (Address) & Ann Mod	e J. Jones.	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2 PM	Manage of injury	
Place Fruitland Ce	Mate Defet. 26, 19 33	Manner of injury	*************
19. UNDERTAKER The Hill of	Johnson, co.	24. Was disease or injury in any wey related to occupation of deceased?	
(Address) alisty	mg.	if so, specify	1/
20. FILED Sleft 45, 1993 · &	Registrar.	(Address) Dalutay Ma	M. D.
If more bi	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Nov 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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y street ear 1	ate of onset 1 week ago 1 week ago
y street car 1	
	week ago
3.	3 days ago
tributory causes of importance:	
ritis	1 year
	ntributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



state UPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH 09432
=	1. PLACE OF DEATH	93-0
of OCC	County	Registration Dist. No.
of	Village or City Davis 7 119	death occurred in a hospital or institution, give its NAME instead of street and number)
-		ds How long in U.S. if of foreign birth?yrsmosds.
statement	2. FULL NAME Beorge H. Jones	
ate	(a) Residence: No. 108 G. Law . st. Salu	1-312 /3 Ward.
	(Usual place of abode) Mg	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
邑	3. JEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OXOD VORCED (wing the word)	21. DATE OF DEATH Dent 19
ed.	mace Ima parties.	(Month) (Oay) (Year)
assified.	5a. If married, widowad, or divorced HUSBANO of (or) 465 of	22. I HEREBY CERTIFY That I attanded deceased from
ass	(OF) Cenora Jour	19 33 Wall 9 1937
re.	6. DATE OF BIRTH (month, day, and year)	Host saw hand aliva on 19 19 19 33; daath is sald
- 6	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
proper ertific	74 3 /3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as-follows:
	8. Trade, profassion, or particular	hacen to auchia filatin folia
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Impeauleal perfection und
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
# =	U 10. Oato deceased last worked at 11. Total time (years)	
	this occupation (month and /920 spant in this occupation	
th c	12. BIRTHPLACE (city or town) Warehole G.	Othar Coutributory Causes of importance:
n terms, so ee instructi	(State or country)	
erms, so tha	II 13. NAME Jume Jones	
sin te See i	14. BIRTHPACE (city or town) Boselut G.	Name of operation Oate of
Sc	(State or country)	What tast confirmed diagnosis? Was there an au'opsy?
in plain terms, ant. See instru	15. MAIDEN NAME Rosanna Hungalo	23. if death was due to axtarnaf causas (VIOLENCE) fill in also tha following:
	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?Oate of injury, 19
DEATH p import	S (State or country) Md.	Where did injury occur?
DE.	17. INFORMANTALE Ses. 94. Joseph 1	(Specify city or town, county and State) Specify whather injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
55	(Address)/08 forest- (pt. Salutry The	β
is.	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
SZ	Place Oate Oate A., 19, 33	Nature of Injury
CAL	19. UNOERTAKER Hollowyt (ii	24. Was disease or injury in any way raiated to occupation of decaasad?
	(Address) Saluting MA	If so, specify
F	20. FILEO Sept 21, 191 B3 V. May Junes	(Signed) M, O
1	Registrar.	(Addrass) filledby fry
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

-WRITE PLAINLY,

V. S. No. 1 N. B.

TION is ver CAUSE OF

STATE OF MARYLAND-CERTIFICATE OF DEATH

09433

1. PLACE OF DEATH		(46)	4 4 4
County Thicomico		Registration Dist. I	vo. 333
Village or City Salishury		ND. 50V Slaves	St., 5 Ward
Length of rasidence In city or town where death occurrad	11/ 1/	death occurred in a horpital or institution, give its NAME instea ds. How long in U.S. if of foreign birth?	
2. FULL NAME GEARGE 6.	Son	1	7 6- 1
(a) Residence: No. / (Usual place	of abode)	St., Ward. Somewell (y or town and State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	30, 1933. Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (all a)	406	22. I HEREBY CERTIFY Th	at I attanded daceased from
6. DATE OF BIRTH (month, day, and year)	8/3	I last saw h aliva on Js.	, 19; death is said
7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at	nportance
No. 1 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	Cahour)	Carcin & Shuas &	Date of onebt
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and (C.f. (C.))			
11. Total this occupation (month and 1930) this occupation (month and 1930) spayear)	ima (years) nt in this Hoyes, upation		
12. BIRTHPLACE (city or town) Mullar (State or country)	J	Other Contributory Causes of importanca:	
	4		**********
E	1	911	
14. BIRTHPLACE (city or town) Maus (a)	2	Nama of operation	Was thera an au'opsy?
# 15. MAIDEN NAME Muia Given	S	23. If death was dua to external causes (VIOLENCE) fill in als	
15. MAIDEN NAME MULL GUVEN 16. BIRTHPLACE (city or town) (State or country)	1 1		injury, 19
17. INFORMANT ESSIVALS COSTO	rest G. m.	Whera did injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Ship Ling Modern 9/	30/5319	Manner of injury	
19. UNDERTAKER THE HELLE M. J. KARLON (Address) Salisburge, M. J.) G.,	24. Was diseasa or injury in any way related to occupation of	deceasad? 100
20. FILED Sept 30,1933 & May	Mussel Registrar.	(Signed) (Address)	M. D,



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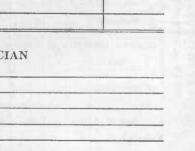
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN





STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidance in city or town where death occurred How long in U. S. If of foreign birth? vrs. mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (who the word) (Month) (Yaar) 22. CERTIFY, That i ettended deceesed from Days if LESS than to have occurred on the date stated shove. 1 dev.____hrs The PRINCIPAL CAUSE OF DEATH and ralated causas of importance or min. Date of onset 11, Total time (yaars) spent in this occupation_ Name of operation. What test confirmed diagnosis? Wes thara an eulopsy? 23. If death was due to axternal causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Where did injury occur?. (Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Mannar of injury Nature of injury 24. Wes disaase or injury in any way ralated to occupation of daceased? 19. UNDERTAKER If so, specify (Signad) 20. FILEO

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

state

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. of infor-1. PLACE OF DEATH should Registration Dist. No. item No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in officer town where death occurred __yrs,_____mos.____ds. How long in U. S. if of foreign birth?______yrs,____mos.____ds. statement KECORD. (a) Residence: No. Exact PERSONAL AND STATISTICA stated EXACTLY. A PERMANENT classified. FOR BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months SI 8. Trade, profession, or perticular kind of work done, as SPINNER, INK-THIS OCCUPATION MARGIN RESERVED Jo SAWYER, BDOKKEEPER, etc. it may See instructions on back Adustry or business in which work was done, as SILK MIL should SAW MILL, BANK, etc. 10. Date deceesed last work so that UNFADING 12. BIRTHPLACE (city or town) mation should be carefully supplied. (State or country) CAUSE OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) WEITE PLAINLY (State or country 18, BURIAL, LION 19. UNDERTAKE 20. FILED - PE

No. 1 vi

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0343.)	004	0-
	034	0.1
537.		-

Usual place of abode) PARTICULARS	If nonresident give city or tow MEDICAL CERTIFICATE OF DEAT	
NGLE, MARRIED, WIDOWED, BDIVORCED (with the word)	21. DATE OF DEATH Sever. 25	, 193-3 (Year)
	22. I HEREBY CERTIFY, That I atte	nded deceased from
Days If LESS than 1 day,	i lest saw h alive on	
spent in this occupation	Other Contributory Causes of importance:	
	Neme of operation Date	of
	What test confirmed diagnosis? Was ther	
Maryland Maryland Mathum Sality Port 29 10 22	23. If death was due to external causes (VIOL ENCE) fill in also the foll Accident, suicide, or homicide? Coses dans Date of Injury. Where dld injury occur? William (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLISM. Manner of injury "Will manual and account of the second	9/24=, 19.3.3. many and
Maryland Good Walter Registrar	Nature of injury	17

If more blank

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09436
1	L. PLACE OF DEATH	
	County Wiconnics	Registration Dist. No. 33
	Village or City. Salisbury	No. 1003 M. Man St., 9 V death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where deeth occurred	
2	2. FULL NAME Still form	ressicle.
	(a) Residence: No. 1003 W. Main, Salie	P. St. 9 Ward.
acrete	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
&	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mopth) (Dey) (Yeer
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased
6	DATE OF BIRTH (month, dey, end yeer) Seut- 13, 1933	I last saw h Silve on hysician 19 death is
-	AGE Years Months Days If LESS then	to have occurred on the date stated above, at 2 Pm.
	O O I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
z	8. Trade, profession, or particular kind of work done, es SPINNER,	Date of o
TION	SAWYER, BUUKKEEPER, etc	1-1-12-1
UPA	9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	Still four Foctus)
000	10. Date deceased lest worked et I1. Totel time (yeers)	12 mas)
_	this occupation (month and spent in this occupation	Cause surlessour
12.	BIRTHPLACE (city or town) falisbury	Other Contributory Causes of Importance:
œ	13, NAME Dishop Mossicle.	
THER	Tuesd'	
FAT	14. BIRTHPLACE (city or town)	Neme of operation
ER	15. MAIDEN NAME Elsie Reddish	Whet test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town) Suantics	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Σ	(Stete or country)	Where did injury occur?
17.	INFORMANT Square Stewart (Address) Salishum, md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Novne present Date Sept-14, 1933	Neture of Injury
19.	UNDERTAKER Sarah Sternart Jacking	24. Wes disease or Injury In eny wey related to occupation of deceased?
20.	FILED Sefet-14, 19 33 J. Tray hussen Registrar.	(Signed) It May June focally
Antonior		(Address) Safflesting + Mid

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	OI TIVIS	TOTAL	T CICALITATE	OTATION	A. / A.	T HY T CA CATATA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09437
1. PLACE OF DEATH	2.0
County Wiscomes	Registration Dist. No. 74 336
Village or City Delman Md	9ND
(II Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
0 0 0	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Tev. Joremiah des	w rucholo
(a) Residence: No. Dellinary (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (ax) WIFE of Mrs. Emily Mehols	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Nove 30 1877	last saw h alive on Sept 15 1923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
55 9 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Lulinonary Sufreeling Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)19.33	
12. BIRTHPLACE (city or town) Pelicine Porchaster Co. (State or country)	Other Cautributary Causes of Importance:
# 13. NAME David Nichols	
13. NAME David, Nuchols 14. BIRTHPLACE (city or town). Reliance, Warehester Go.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Author Was there an autopsy? 200
15. MAIDEN NAME Curoling Butson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Curoling Batson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Maryland	Where did injury occur?
17. INFORMANT Mrs. Complex Nichols (Address) Delmin M	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pieco Laclarula Lury Cameta Date 23 226 33	Manner of injury
1 My al	Nature of Injury
19. UNDERTAKER James T. Dowart (Address) (402 & Church St. Sulla Mel	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 9-28- , 19 33 Harry E. Hudson	(Signed) It & decate M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

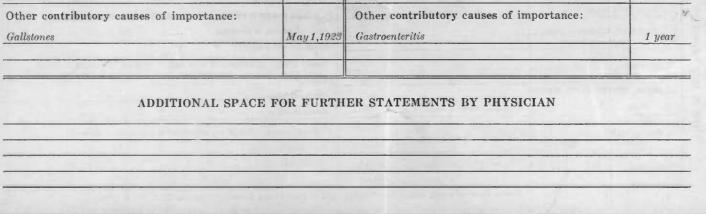
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 191
Gallstones	May 1,1923	Gastroenteritis	1 year



PHYSICIANS should state

stated EXACTLY.

AGE should be

DEATH in plain terms, so that it may

supplied.

arefully

properly classified.

certificate.

of

See instructions on back

TION is very important.

20. FILED Sept 25,19

CAUSE OF mation sho N. B.-WRITE

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09438
1. PLACE OF DEATH	23
County Sleikonico	Registration Dist. No. 333
Village or City Sales bary Mid	No Ten yen Hospital St. 13 Ward
(If a	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,r_mos.	ds. How long In U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Janes Tarler	
(a) Residence: No. Allers (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Nonth) (Day) (Year)
5a. If married, widowed, or divorced	(MONIN) (Day) (Teal)
(or) WIFE of Elizabeth Parter aramach	22. I HEREBY CERTIFY, That I ettended deceesed from 3/ 1933, to December 1, 1933
6. DATE OF BIRTH (month, day, end year) — alaut.	I last saw harman alive on 241 12 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at Fa. m.
B H 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
1 9 Trade profession or particular	Oate of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Palmonary Tuberalors Clerkum
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. 11. Total time (yeers)	
this occupation (month end farace spant in this occupation	
A. B	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	abdumed alsees rule about
	Jan Florera
	Neme of operation. Green thank Dete of 2011-33
(State of Country)	What test confirmed diagnosis? Apreleum Pones Wes there en eulopsy? Mrs.
15. MATOEN NAME 16. BIRTHPLACE (city or town) Confidence (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town). As a farmania.	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN Lemensula S, Haspielal. (Address) Salisburge Jand	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Public Cem mobate Sefet 23, 1933	Nature of injury
19. UNDERTAKER Jas & Sleyear	24. Was disease or injury in eny way related to occupation of deceesed? 720
(Address)/ Sales less of	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

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11.—The number of years the deceased followed the occupation.

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Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(March 1997)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

state

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divenced HUSBANO of 22. CERTIF That drauended deceased from (or) WIFE of & 6. DATE OF BIRTH (month, day, end year) 7. AGE If LESS than Month: Oays to heve occurred on the date stated above. I day,hrs The PRINCIPAL CAUSE OF DEATH and releted couses of importance or min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc on 10. Oate deceased lest worked et 11. Total time (years) spent in this this occupetion (month end occupetion instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation. (State or country) What test confirmed diegeosistal there an au'opsy? MOTHER 15. MAIOEN NAME important 23. If death wes due to external causes (VIOLENCE) into a Accident, suicide, or homicide?____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT very (Address) 18. BURIAL, CREMATION OR Manner of injury 18 Oate Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER If so, specify (Signed) 20. FILED (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-RECORD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT properly classified. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.00
County Officonicos	Registration Dist. No. 332
Village or City near melanes md.	No. St., Ward
Length of residence in city or town where death occurredyrs,r	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MAN ROSARIVET MORGAN	M. alder
(a) Residence: No. Mearl Mellon	2). St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wishouted.	21. DATE OF DEATH (Wonth) (Year)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Puruell Shockly;	22. 1 HEREBY CERTIFY. Dat I attached deceased from
6. DATE OF BIRTH (month, day, and year & St. 2011) 852	l last saw he alive on 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 P., m.
8/ // // lday,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	000.
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	leute aldres 9/24
work was done, as SILK MILL, None.	Pulatalian /3/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Marsfland;	On The Control of the
(State or country)	- Miliar Allussia 1932
14. BIRTHPLACE (city of town) Marfland	
14. BIRTHPLACE (city of town) // Marelland / (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
± 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Pearl Hasling; (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace - Carlow - Carre - Date Left 5th, 193	Manner of Injury
19. UNDERTAKER (WM, Boward Wells)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept. 5 2, 1933. Fillian R. Davi	(Signed) theelys It Shows M. D. (Address) Solution Read
· · ·	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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FOR

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	· Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 09444		
1. PLACE OF DEATH	(32-0)		
County the come Co.	Registration Dist. No. 333		
	04		
Village or City Dalukury &	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Folk Smith			
(a) Residence: No Salisbury and	St., 9 Ward.		
(4) Residence: all (Updalplace of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
OR DIVORCED (write the word)	Dept 17 1933		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
* HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from		
(or) WIFE OF Edna Venable Smith	any 20 ,1933, 10 Dept 14 ,1933		
6. DATE OF BIRTH (month, day, and year) 1909	I last saw h Malive on Dent 7, 19 3; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 - m.		
2-3 9 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:		
8. Trade, profession, or particular	about		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at July his occupation (month and	Cleves Miliary / Whentons July 33		
9. Industry or business in which Some Road Conhulls	m		
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at July 11. Total time (years)			
year)	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Jackson welle			
(State or country) Wha 'Florida			
13. NAME 14. BIRTHPLACE (city or town) Islands (State or country)			
14. BIRTHPLACE (city or town) and land	Name of operation Dete of		
(State or country) quakander	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Eva marshall	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Eva Marshall 16. BIRTHPLACE (city or town) 18. State or country	Accident, suicide, or homicide? Date of Injury, 19		
State or country)	Where did injury occur?		
17 INFORMANT Edma Ga Jamella	(Specify eky or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
17. INFORMANT (and to smith (Address) & alineum and			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Public lean and Date Sept 10, 1933	Nature of injury.		
0. 2787			
19. UNDERTAKER AND A SHOW AS A CARREST OF THE	24. Was disease or Injury in any way related to occupation of deceased?		
0.110 22 11.01			
20. FILED Slept 10, 1930 W. May sume Registrar.	(Signed) M. D.		
Aegistrar.	(Nouless)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER STATEMEN	TS BY PHYSICIAN	1. m.
For authorization	for color see	form filed	unall "lanw.
	U		

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STATE O	F MARYLAND-	CERTIFICATE OF DEAT	H 09445
1. PLACE OF DEATH		940	1 1 ==
County Wicourt	o .	Registration Dis	st. No. 10 331
Village or City Helv	54	No	St., Ward
Length of residence in city or town where d		death occurred in a horpital or institution, give its NAME in ds. How long in U.S. if of foreign birth?	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)		e city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September (Month)	1 4 M. 193 3
5a: If married, widowad, or divorced HUSBAND of Corne	lia Hall	22. I HEREBY CERTIFY,	That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	bril Teles 8.55		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et9.30;	
78 5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Harmer	augina Pechr	i R
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked et this occupation (month and		Cuterio Relevos	
Date deceased last worked et this occupetion (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Robeth	Other Contributory Causes of importance:	
(State or country) O Mg	reptaced		
II 13. NAME ON HOS	trens		
13. NAME ON LOS	0	Neme of operation	Date of
(State or country)	12	What test confirmed diagnosis?	Was there en autopsy?
15. MAIDEN NAME (May	da Kourell	23. If deeth was due to external causes (VIOLENCE) fill In	n also the following:
15. MAIDEN NAME (Man)	500	Accident, suicide, or homicide? Dat	te of injury, 19
(State or country)	Ma.	Where did injury occur?	
17. INFORMANT John C	irlog to	(Specify city or to Specify whether Injury occurred in INDUSTRY, In HOME	wn, county and State) E, Or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL, Place of our returns	plate Sept 71, 33	Manner of injury	
19. UNDERTAKER # 13 Be 1/1	llow glily	24. Wes disease or injury in any way related to occupation of the second	on of deceased?
20. FILED 18 pt 20, 193 3 0 11	us W Historia.	(Signed) William Esur (Address) Helson-	nell, M.D.
If more	blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

this called after death. never treated, but from
Giston of fairned former family and former doctor, gave
history of freezores attacks of angina declaria cond
to and glining this as cause of State.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

FOR BINDING

MARGIN RESERVED

S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- LOS	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TINDITION	DITTOL	T. OTC	T. C. I.P. W. HITTOILE	DETETITIES	17 1	TITIOIOTALL

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _ _ _ _ _ _ _

Registrar.

(Year)

Date of onset

20. FILED

BINDING

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	93.0
County//2 Comes	A Registration Dist. No. 333
Village or City Salutium Ma.	No. 223 6. Focust St. 18 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city octown where death occurred 13 yrs	sds. How long In U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME Flin &. Sturge	
(a) Residence: No. 223. E. Frenchst. Balu	/ Ward.
(a) Residence: Necessity (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. A 4/QOLOR OR RACE 5. SUGDESMAN POR DENTE	21. DATE OF DEATH
(write the word)	Sept. 10. 193 3
5a. If married, widowed, or divoged	(Month) (Dey) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(ar) Elepyane Sluges	
6. DATE OF BIRTH (month, day and year) Zan. 19. 11847	7 I last saw h alive on 19; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, \$2.15 a.m.
8/ 7 21 1 day,hrs.	
00 a. ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic mayoradates Ich 19.
SAWYER, BODKKEEPER, etc	Chronic Majo Cardino Jeb. 19.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	Busgnosis flow history
1D. Dato deceased last worked at / 11. Total time (years)	1 (Cosa, no DI in allendance)
this occupation (month and spant in this occupation capation	
hitlitie	Dther Contributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or couptry) Many	0
	- acut sullation / Heart fate.
13. NAME Command Alfrage 14. BIRTHPLACE (city or town) Suttleffer	
14. BIRTHPLACE (city or town) Milles	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Margant Jesten	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margart Segen 16. BIRTHPLACE (city or town) Butletin	Accident, suicide, or homicide? Date of injury19
(State or country) Mayland.	Where did injury occur?
The Ida Itil	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANY (Address)	Spoons who will make the state of the species of the species state.
18. BURIAL, CRIMATION, DR REMOVAL	Manner of injury
Place account len Daje legt. 12, 1933	Neture of Injury
Hellen + P.	
19. UNDERTAKER	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Salety Maylow.	If so, specify
20. FILED Sept 12,18313 V. May Junes	(Signed) M. D.
Registrar.	(Address) Courty Tuccental

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u></u>
County Micronico	Registration Dist. No. 330
Village or City Mardela	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James U. Vensl	res
(a) Residence: No (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	193 X
So If married widowed as discoord	(Morth) (Day) (Year)
HUSBAND of Martha Washington Venables	22. I HEREBY CERTIFY, Thet I attended deceased from
1 1 20 105-1	7
6. DATE OF BIRTH (month, day, and year) March 29-1857 7. AGE Years Months Deys It LESS than	I last saw alive on 1933; death is said
82 5 1 day,	to have occurred on the date stated above, of
Joe	were as follows: Date of onset
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	carone on tertetal unknown
9. Industry or business in which	Meghratia.
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and	
year) occupation \\\ \text{Ve}	Oth Carl and Carl
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country), Maryland	
13. NAME Stilliam Benables	
14. BIRTHPLACE (city or town)	Name of operation Dete of
1 (State or country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIOEN NAME Name 1 3 rown 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Codgar Venables	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mardela	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mardely Date Sept 3, 1933	Nature of injury.
19. UNDERTAKER It W. Coaverroy 4/20	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Sharptony md.	If so, specify
20. FILEO Septy 1933 molimsty	(Signed) & Collegate: M. D.
20, FILEO SE Registrar.	(Address) Mande P. & Brugody.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19451)
1. PLACE OF DEATH	(131)
County Missiego.	A A Registration Dist. No. 333
Village or City Salishing	No. Mrs 12 - Stackers Home St. 9 Ward
Length of rasidence in city or town whera death occurredyrs	death performed in a hospital or institution, give its NAME instead of street and humber)
2. FULL NAME Willie Vielous	
(a) Residence: No. (Usual place of abode)	St., Ward. Cast New Market, M.d. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 17, 1933
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. GALLER EBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (1). // / // // //	I last saw h_ aliva on Sy 17 193 -; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5.30 7 m.
7/ 9 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Chy. Valer . Veal -
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10, Date deceased last worked at this occupation (month and this programme of the second in the seco	Chr In report
10. Date deceased last worked at this occupation (month and yaar)	
6 - mt Jan Jan Jan	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Caff Mega Mpaulel (State or country)	Actual Volume
13. NAME Tillians) I. Vichus	
14. BIRTHPLACE (city or town) asym neigh Maples	Name of operation
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME (INN) Maria	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) All A (ALA B. C.)	Accident, suicida, or homicide? Data of injury, 19
State or country)	Whara did Injury occur?
17. INFORMANT MAS A DIA Stackley (Address) 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Chat flux Markel Martine 9/19/330	Natura of injury.
19. UNDERTAKER The I Vill & Marin Co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Saliahang M.	If so, specify
20. FILED Slept 19, 19.33 V. May June Registrar.	(Signed) M. D. (Address) Oally M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Peritonitis 3 days ago Cerebral hemorrhage July 5, 1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	Registration Dist. Np. 333
Village or City Near Mardela	Registration Diet No.
1. 10	Registration Dist. No.
	ND. St., V (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	osds How long In U.S. if of foraign birth?yrsmos
2. FULL NAME Naclah Italies	~
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Ool: Married Married	21. DATE OF DEATH
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
11. 15141	Hact caw h are slive on See 1/1 19 2 3 death i
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Day If LESS than	I last saw h alive on 19 death i to have occurred on the date stated above, at 10 Mm.
77 / 13 1 day,hr	
9 Frade profession or entirela-	in some sufer stitude lend
SAWYER, BDDKKEEPER, etc Farmer	Restration "
Mindustry or business in which work was done, es SILK MILL,	
SAIN MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and pear) year) O occupation (month and occupation occupation occupation (month and occupation	Choma Magaration will
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Maryland.	- LU HOUSE THE TYPE ON
# 13. NAME Handy Waller	
14. BIRTHPLACE (city or town)	Name of oparation Data of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Marguet ares	23. If death was due to externel causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Silas Waller	Where did injury occur? (Specify city or lown, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place / Festey Dete Sept 13 , 1933	Manner of injury
19. UNDERTAKER ITA Provenor 1900	24. Was disease or injury in any way related to occupation of deceased? 700
20. FILED Det 13, 1933 In allandy	(Signed) 66 Meghing (Address) Markles, Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

OCCUPA-Jo should County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every Length of residence in city or town where death occurred How long in U.S. if of foreign birth?____ statement PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT Euge -(Month) (Day) (Year) classified 5e. If merried, widowed, or divorced HUSBAND of U 22. ERTIFY, That I ettended deceesed from (or) WIFE of K I last sav 6. DATE OF BIRTH (month, day, and yeer) certificate death is said properly 7. AGE Months Oavs If LESS than to have occurred on the date stated above, at ______m stated I day, ____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance _min. were es follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION Jo kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc., back may 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc UNFADING INK no 10. Date deceased lest worked at 11. Total time (yeers) this occupation (month and spant in this that occupation .. instructions Other Contributory Causes of Importance 80 12. BIRTHPLACE (city or town (State or country) supplied. terms, 13, NAME FATHE See 14. BIRTHPLACE (city or town) ain (State or country) carefully What test confirmed diagnosis? ----- Was there an autopsy?. MOTHER mportant. 15. MAIDEN NAME in 23. If death was due to external ceuses (VIOLENCE) fill in also the following: ATH Accident, suicide, or homicide?_____ Date of injury___ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury 8 CAUSE LION Neture of injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

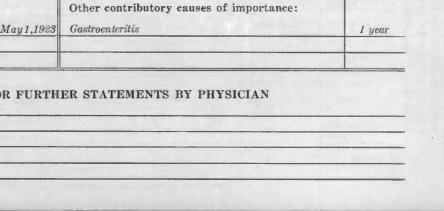
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIMETICAL	SIZIUL	LOIL	LOWITH	SIMILAMIAN	T) T	THESTOIAM



E

S. No. 1

OCCUPA-

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Mucho Registration Dist. No. (If death occurred in a hospital or iostitution, give its NAME instead of street and number) Length of residence in city or town where death occurred__ How long In U.S. if of foreign birth?_____yrs.____mos.___ds, (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. That Vattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Montha / Days to have occurred on the date stated above, all 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 11. Total time (years) 1D. Date deceased last worked at UF this occupation (month and apant in this cocupation. 12. BIRTHPLACE (city or town) (State or country)

Name of operation

Nature of injury

ER FAT 14. BIRTHPLACE (city or town (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town

(State or country

(Address

(Address) 9 18. BURIAL, CREMATION, DR. REMOVAL

19. UNDERTAKER

Registrar.

What test confirmed diagnosis? Was there An autopsy? 23. If death was due to external causea (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury Where did injury occur?...

(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed)

(Address)

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Bu			
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For aul fronzation Del	FURTHER STATEMENTS BY PHYSICIAN auge color see Orthe Leled under
Wright)	